

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032107

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

294 3056 202
FILED AUG 27 1962

1. PLACE OF DEATH

a. COUNTY

Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Moberly

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Boone

c. CITY OR TOWN Columbia

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 511 Allen St.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
RFD 7

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Robert Gerome Rawlings

4. DATE OF DEATH

Month

Day

Year

Aug. 15, 1962

5. SEX
M

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2-19-1919

9. AGE (last birthday)
43

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Truck Driver

11. BIRTHPLACE (City and state or country)

Boone County

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Noble R. Rawlings

13b. MOTHER'S MAIDEN NAME

Mary Ellen Baker

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

yes W.W.2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Noble Rawlings Columbia, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Body viewed by the coroner of this county, who informs that there was no sign

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

of anything unusual in the death, - his

sister states that he had been under treatment

DUE TO (c) for heart disease for two years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

about 2

a.

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Leadwlowe Registrar

Boone House Moberly

22c. DATE SIGNED

8-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

8/15/1962

23c. NAME OF CEMETERY OR CREMATORY

Oakland

23d. LOCATION (City, town, or county)

Boone Co

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Million & Greer

Moberly, Mo

25. DATE RECD. BY LOCAL REG.

8-15-62

26. REGISTRAR'S SIGNATURE

Leadwlowe

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0887

2 0100-

3

4

5

6

7

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9 4344

10

11

12 91-8

13 1-0

AUG 27 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marion E. McClellan

Licensed Embalmer No.

3957

P. O. Address

Moherly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.